## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information	on												r			
1. Name and Mailing Address of	Respondent															
Finger Lakes Technologies Group, Inc. 41 State Street, 10th Floor Albany, NY 12207													Check here if this is a change of address.			
Year Report Filed     3. Reporting Period (Ending Date of Pay     4. Number of Full-Time Employees during Selected																
2018	Period Co 12/31	overed by Re $1/18$	port)			a. 🗸 Fe	Period (chect wer than 16 (c or more (com									
SECTION II - Full-Time Employ	00S.								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Job Categories		Number of Employees (Report employees in only one category)														
		Race/Ethnicity														
		anic or					Not-Hispanic or Latino									
	Li	atino			Ma	ale					Columns A - N					
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	1	
	А	В	С	D	Ε	F	G	Н	t	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	.1														0	
First/Mid-Level Officials and Managers 1	.2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5														0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL 1	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11														0	

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SECTION III - Part-Time Emplo	oyees.																
		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories		Hispanic or Latino		Not-Hispanic or Latino													
				Male							Female						
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races			
	А	В	С	D	E	F	G	н	ı	J	к	L	M	N	0		
Executive/Senior Level Officials and Managers	1.1														0		
First/Mid-Level Officials and Managers	1.2														0		
Professionals	2														0		
Technicians	3														0		
Sales Workers	4														0		
Administrative Support Workers	5														0		
Craft Workers	6														0		
Operatives	7														0		
Laborers and Helpers	8														0		
Service Workers	9														0		
TOTAL	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PREVIOUS YEAR TOTAL	11														0		
SECTION IV - Report of Discri	mination Comp	olaints Pursua	ant to 47 CFF	R 22.321, 23.6	55, 90.168, 10	1.4, and 101	.311.										
This is to advise th company before an This is to advise th (Attach a list indica	ny body having d e Commission th	competent juris	sdiction in suc ng complaints	ch matters dur alleging viola	ing the calend itions of the pr	lar year cove ovisions of a	red by this rep ny equal empi	ort. oyment oppo	rtunity statute	have been fi	led against thi	s company.					
SECTION V - Certification I certify that to the best of my kr	nowledge, inform	ation, and bel	ief, all statem	ents in this re	port are true a	ind correct.											
Date	yped or Printed Name of Person Signing Signature								Telephone No.								
	Anthony 2	Lievano	S	(518) 694-8													
Title of Person Signing Regulatory Compliance Analyst					WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).												